

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow	<b>Transaction ID:</b> BE56EECCA042E4447A78 <b>Date of Disbursement</b>
Mailing Address PO Box 8166	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City Savannah State GA Zip Code 31412	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. John Barrow	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN CONYERS	<b>Transaction ID:</b> B262A4157C96C44A091A <b>Date of Disbursement</b>
Mailing Address 5 Rosecraft Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City Fredricksberg State VA Zip Code 22407	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. John Conyers, Jr.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	<b>Transaction ID:</b> B4339002868D541E5932 <b>Date of Disbursement</b>
Mailing Address PO BOX 23940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div>
City Santa Barbara State CA Zip Code 93121	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Lois Capps	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....